

How to Submit Documents

You can submit the medical documents through your chain of command via fax, email, or mail.

You Can Submit Documents to:

Unit
Battalion Medical Readiness NCO
Brigade Medical Liaison
State Surgeon's Office

Preventative Measures for

Overall Good Health

- Exercise Regularly
- Healthy Diet
- Healthy Weight Control
- Practicing Proper Lifting and Carrying Techniques
- Smoking Cessation

Website Link to Low Cost Clinics

NeedyMeds

http://www.needymeds.org/free_clinics.taf

State Surgeon's Office Website

Includes:

- Staff Contact Information
- Forms and Regulations
- Brochures

<http://www.calguard.ca.gov/G1/sso>



CA ARNG State Surgeon's Office

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Musculoskeletal Pain

➤➤ California Army National Guard
State Surgeon's Office



Musculoskeletal Pain

You have reported pain, discomfort, or other problems somewhere on your body. You will need to see your medical provider for further evaluation, diagnosis, and treatment.

Medically Non Deployable Status

You have been placed in a Medically Non Deployable (MND) Status for **Musculoskeletal Pain**. You will need to submit appropriate medical documentation through the proper chain of command to clear your medical flag.



What the State Surgeon's Office Initially Needs from your Medical Provider:

- Diagnosis (what is your medical condition)
- Copies of Reports of Any Imaging Studies* (e.g. X-ray, CT scan, MRI) and/or lab tests done

* Please do not send X-ray and MRI films

- Prognosis (what your doctor thinks your likely outcome will be)
- Treatment Plan (dietary changes, lifestyle changes, medications, etc)
- Comment on Functional Activity Limitations (permanent or temporary, with duration)

-What physical activities you can and cannot do (e.g. running, jumping, and lifting)

For your Medical Provider:

This patient is an Army National Guard Soldier who complains of **Musculoskeletal Pain**. Please evaluate patient and provide diagnosis (to include radiographic findings), prognosis and treatment plan, including medications, if prescribed. Please address the patient's limitations on the attached sheet, and comment on whether these limitations are permanent or temporary. For temporary conditions, please estimate the duration of the limitation(s). Thank you.

Acceptable Medical Documents:

- Completed Standard Form 513 (SF 513)
- Office Visit/Provider Notes
- Results of any X-ray/Imaging Studies
- Results of any Diagnostic tests